

**Testimony of the Honorable Chaka Fattah, Member of Congress**  
**House Committee on International Relations**  
**June 27, 2006**

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Thank you, Chairman Smith, Ranking Member Payne, and distinguished members of this committee. I appreciate the opportunity to appear before you today, and would like to thank this committee, particularly the Chairman and the Ranking Member, for your continued interest in matters of social justice and human rights.

Mr. Chairman, much of the current discussion pertaining to the fight against global HIV/AIDS involves advocating for the implementation of one of three possible options. One possible option is to demand increased funding to the United States' contribution to the Global Fund, which was established to provide funding to mostly developing countries to combat HIV/AIDS, tuberculosis, malaria, and other infectious diseases. Another frequently advocated option is to place continued pressure on pharmaceutical manufactures to provide low cost antiretroviral drugs to developing countries. Antiretroviral medicines prevent HIV from replicating and causing further damage to a compromised immune system, but many of these drugs require funds that are far beyond the means of most people residing in developing countries. The third option involves either the aggressive promotion of abstinence from all sexual activity, or encouraging the use of condoms to drastically reduce the possibility of transmission of HIV/AIDS due to unprotected sex.

Mr. Chairman, I suggest to you a different focus that does not involve battling over the relative size of the U.S. contribution to internationally funded programs as compared to other donor nations, evoking the invariably passionate debate on the merits of whether abstinence is an effective strategy, or weighing the morality of potentially promoting sexual promiscuity of providing condoms to adults and sexually active children. Rather, more must be done to ensure the availability of a safe, clean, blood supply in Sub-Saharan Africa and other parts of the developing world, where preventable contamination from numerous infectious diseases such as HIV, hepatitis B, and hepatitis C occurs at unacceptable levels.

The transmission of infectious diseases such as HIV due to an unsafe blood supply is completely preventable. Ensuring a clean blood supply is the only HIV/AIDS preventative measure that is virtually 100 percent effective. In the United States, for example, the blood supply has never been safer than it is today. Techniques for screening and testing blood donors have dramatically reduced the risk of transfusion transmitted viral infection. The risk of infection from HIV or AIDS from contaminated blood has decreased from as high as 1 in 100 units in some U.S. cities in the early 1980s to currently 1 in 1 billion units. The safety and integrity of the blood supply is maintained in the U.S. by mandating all collected and donated blood must comply with the Food and Drug Administration's (FDA) blood safety regulations, which consist of five layers of overlapping safeguards. The regulations address:

- **Donor Screening:** Potential donors are screened by questioning them about their health, medical history, and risk factors for infectious diseases. Individuals whose blood may pose a health hazard are deferred
- **Deferral Registries:** Independent blood centers maintain a list, or registry, of all deferred donors and check all potential donors against that list. The American Red Cross has established a national registry that covers all its regional blood centers. Donors who are deferred on a temporary basis may resume donating once the deferral period has ended and provided the reason for the deferral no longer exists.
- **Blood Testing:** Donated blood is tested for infectious disease, including HIV, HBV, and HCV. Positive tests are discarded and the donors are deferred.
- **Blood Quarantining:** Blood donations are quarantined until they have been tested and the donation records verified.
- **Correcting System Deficiencies:** Blood centers must investigate any breaches of these safeguards and correct deficiencies that are identified by themselves or during FDA inspections.

With HIV-positive rates approaching or exceeding 20 percent in Sub-Saharan Africa, blood transfusions account for an ever-growing percentage of new HIV/AIDS cases. Of the estimated 6 million blood transfusions performed each year in sub-Saharan Africa, as many as half are improperly or untested for infectious diseases. Less than half of all African countries have adopted standard national blood transfusion policies that would limit HIV infections. More disturbingly, less than one-third of all African countries have some type of policy that attempts to limit HIV infection through blood transfusion.

The global AIDS pandemic is well documented. Sub-Saharan Africa has just over 10 percent of the world's population, but is home to more than 60 percent of all people living with HIV, which is approximately 25.8 million. In 2005, an estimated 3.2 million people in the region became newly infected, while 2.4 million adults and children died of AIDS. Worldwide, there will be an estimated 45 million new cases of infections due to HIV/AIDS by 2010 if efforts to fight the pandemic are not aggressively increased.

The World Health Organization (WHO) estimates that approximately 120 countries lack proper blood supplies and offer inadequate screening. Out of the total population of HIV/AIDS infected persons, the WHO estimates that up to 10 percent of infections are from corrupted blood supplies and tainted blood transfusions. As I previously noted, these infections are 100 percent preventable. Understand, over 300,000 people in Sub-Saharan Africa alone would be saved from enduring unbearable hardship and pain due to HIV/AIDS each year.

There are many moving examples of personal tragedy throughout the world due to blood transfusions from unsafe blood supplies. Five years ago, a gentleman by the name of Raj Shekhar received a blood transfusion after an accident at a time when blood harvesting programs in India had few safeguards. Nearly a year later, he tested positive for HIV after being hospitalized for severe chest pain. Instead of being admitted to the operating room, his doctor refused to perform the necessary surgery due to fears of infection. Soon after learning Raj was infected with HIV, his wife left him.

In a similar instance, the wife of a couple living in the Philippines in a squatter camp near Manila's financial district required a blood transfusion due to a serious illness. Hospital officials gave the wife six units of blood, some of which were infected by HIV. Before her own contraction of the disease, she believed the virus to be a disease that afflicted homosexual men. Fearing her husband's reaction, she chose not to tell him of her infection. The wife and her husband continued to engage in unprotected sex despite the wife's knowledge she would probably infect her husband with HIV. The wife later became pregnant and gave birth to a baby girl. Though the couple's daughter did not contract the disease, both parents developed the AIDS virus to their exposure to HIV.

Assuring the existence of a safe and clean blood supply is the most cost effective and commonsensical approach to reducing the number of newly reported HIV cases each year. Recognizing more needs to be done to ensure the safety of the blood supply in Africa, last year I successfully appealed to my colleagues on the Foreign Operations Subcommittee on Appropriations to direct the Centers for Disease Control, the Office of the Global AIDS Coordinator, USAID, and the World Health Organization (WHO) to jointly issue a report detailing the severity of the impact contaminated blood has on the global fight against HIV/AIDS, as well as providing specific policy recommendations for immediate implementation. To ensure the safety of each blood unit, the following key activities were identified: (1) establishment of systems for the supply of test kits and reagents for blood screening and good laboratory practice; (2) recruitment of safe blood donors; (3) implementation of quality systems in blood transfusion services, and; (4) safe and appropriate use of blood to reduce unnecessary transfusions.

Acknowledging the importance of the need to provide safe blood, the Foreign Operations Subcommittee on Appropriations has recently indicated in the Foreign Operations Committee Report for Fiscal Year 2007 that:

*The Committee remains concerned about the problem of unsafe or contaminated blood as a source of HIV infection in the developing world. According to the March 2006 Report on Blood Safety, submitted by the Office of the Global AIDS Coordinator, "substantial problems have been documented" across all components of safe blood programs in developing countries. Many hospitals in the developing world do not have effective or complete screening of blood, and as a result, there can be a risk of transfusion-transmitted infectious diseases. The prevalence of contaminated blood acutely impacts women requiring blood transfusions due to complications from pregnancy and childbirth, as well as children with life-threatening illnesses such as anemia.*

*Worldwide the major risk is hepatitis followed by HIV, malaria and syphilis. The Committee recognizes that there are a wide array of challenges in order to achieve adequate capacity and sustainability to support blood transfusion services in developing countries, including adequate infrastructure (such as reliable electricity for refrigeration), staff recruitment and training, laboratory equipment, effective legislation/policy, and financial/management systems to support blood services.*

*The Committee understands that the Emergency Plan currently supports the Ministries of Health or the government's National Blood Transfusion Service (NBTS) in fourteen of the fifteen focus countries for the purpose of developing nationally directed regionalized blood systems. The Committee strongly supports these activities and the Emergency Plan's goal of establishing high-quality, sustainable blood transfusion-safety programs in each country. The Committee notes that the bill includes an over 40 percent increase in bilateral funding for focus countries and urges the Coordinator to increase significantly funding for safe blood programs over fiscal year 2006 levels.*

*The Committee also recognizes that capacity building and infrastructure development are processes that require a period of years which realistically must be approached incrementally. In the Committee's view, to achieve success in advancing blood safety requires a comprehensive and coordinated strategy among Ministries of Health, local communities, donors, and experts in blood transfusion.*

*Therefore, the Committee requests that the Office of the United States Global AIDS Coordinator, working in coordination with other health sectors in USAID and HHS, and in consultation with WHO, other blood safety experts, and private foundations active in global health, develop and submit to the Committee a comprehensive, integrated multi-year strategic plan for PEPFAR focus countries to achieve the following:*

- (1) A sufficient supply of safe blood to meet the needs of the country;*
- (2) A continuous and adequate supply of voluntary non-remunerated blood donation from the safest possible donors from low risk populations;*
- (3) The universal testing of donated blood, including quality assured screening of all donated blood for infectious diseases; and*
- (4) The reduction of unnecessary transfusions; safe and rational blood utilization, and the use of alternatives to transfusions whenever possible.*

*The pace and resource requirements of the plan should consider the other medical (e.g. mother-to-child transmission and safe medical injections) and non-medical prevention activities in PEPFAR countries and the impact of the strategic plan on maintaining a diversified prevention portfolio. The Committee further requests the Office of the Global AIDS Coordinator, working in coordination with the aforementioned agencies and non-governmental organizations, develop and*

*submit to the Committee a comprehensive implementation strategy for non-focus countries that achieves standardized operation and controls of blood collection, adequate training, documentation, and assessment measures. The strategic plans for both focus and non-focus countries shall be submitted to the Committee no later than 180 days of enactment. Finally, the plan also should examine expenditure rates and factor them into the recommendations in order to ensure the timely obligation and expenditure of funds.*

Through the relentless efforts of myself and my staff, I continue to garner enthusiastic support for my call to ensure the availability of a safe and clean blood supply in Africa from numerous countries, international governmental organizations, and non-governmental organizations. Many of these NGOs provide the tactical support necessary for carrying out aid programs and will be an integral part of ensuring Africa's safe blood supply. Africare, U.S. Doctors for Africa, the Global AIDS Interfaith Alliance and the Global Impact Foundation have all enthusiastically endorsed my program. Julius Coles, the President of Africare, has acknowledged that this program is a "necessary component of HIV/AIDS prevention that has gotten too little attention up to now." The support I have received from various NGOs reinforces my conviction that the problem of contaminated blood in Africa is one that we must rectify as quickly as possible.

I am also heartened by the enthusiastic international support for my call for a clean blood supply. English Prime Minister Tony Blair indicates safe blood is an integral part of the development of a health care infrastructure within African nations. Similarly, the Head of the European Union Delegation in Washington, DC, Mr. John Bruton, believes that my fight to secure a safe blood supply will have a lasting effect on the impact of infectious disease in Africa, indicated that, "Blood safety should be an integral part of any national strategy for HIV/AIDS prevention, as well as a standard component of national health policies." Lastly, Secretary General Kofi Annan has also endorsed my efforts, stating that my Safe Blood Initiative "will play an invaluable role in benefiting the lives of millions of Africans." I am humbled by the international support of my initiative, and I look forward to working with these countries and agencies as we work to help improve the lives of Africans now and in the future.

A problem of such magnitude demands an unequivocal commitment from Congress to combat all aspects of the HIV/AIDS scourge. I believe with the leadership of the distinguished Chairman and the Ranking Member, substantive measures can be implemented to ensure significant improvements to blood and transfusion services that will result in a clean and reliable blood supply in Africa. I thank the distinguished members of this committee, and I will gladly answer any questions.